



NATIONAL AUTOBODY PARTS WHSE
2000 E. MAIN
GRAND PRAIRIE, TX 75050
METRO 972-263-1111 FAX 972-642-9585

CREDIT APPLICATION

COMPANY NAME: _____
 BILLING ADDRESS: _____ CITY _____ STATE/ ZIP: _____
 PHONE: _____ FAX _____
 CORPORATION PARTNERSHIP INDIVIDUAL YEARS IN BUSINESS: _____

CORPORATION

PRESIDENT: _____ D/L #: _____
 V. PRES: _____ D/L #: _____
 SECRETARY: _____ D/L #: _____

PARTNERSHIP

PARTNER: _____ D/L #: _____
 PARTNER: _____ D/L #: _____

BANK INFORMATION

BANK: _____ ACCT NO: _____ BANK OFFICER _____
 ADDRESS: _____ CITY: _____ STATE/ZIP: _____
 PHONE: _____ FAX _____

CREDIT REFERENCES (3 REQUIRED)

COMPANY NAME _____ CONTACT _____
 ADDRESS: _____ CITY: _____ STATE/ZIP: _____
 PHONE: _____ FAX _____

COMPANY NAME _____ CONTACT _____
 ADDRESS: _____ CITY: _____ STATE/ZIP: _____
 PHONE: _____ FAX _____

COMPANY NAME _____ CONTACT _____
 ADDRESS: _____ CITY: _____ STATE/ZIP: _____
 PHONE: _____ FAX _____

TERMS AND CONDITIONS

IN CONSIDERATION OF NATIONAL AUTOBODY PARTS WHSE, INC., EXTENDING CREDIT TO APPLICANT; APPLICANT AGREES TO PAY FOR ALL MERCHANDISE DELIVERED TO OR REQUESTED BY APPLICANT FROM NATIONAL AUTOBODY PARTS WHSE, INC. **TERMS OF SALES ARE NET DUE NO LATER THAN THE TENTH (10TH) OF THE MONTH WHICH IMMEDIATELY FOLLOWS THE MONTH OF PURCHASE.** APPLICANT ACKNOWLEDGES THAT A SERVICE CHARGE OF 1 1/2% PER MONTH OF ALL SUMS DUE NATIONAL AUTOBODY PARTS WHSE, INC., WHICH HAVE NOT BEEN PAID WITHIN TERMS, WILL BE CHARGED TO APPLICANT BY NATIONAL AUTOBODY PARTS WHSE, INC., AND AGREES TO PAY SAID SERVICE CHARGE, COMPUTED ON THE SAME BASIS, WILL BE DUE AND PAYABLE EVERY THIRTY (30) DAYS THEREAFTER, UNTIL SAID SUMS ARE PAID IN FULL. WAIVER OF ANY ONE (1) OR MORE SERVICE CHARGES SHALL NOT BE DEEMED TO BE A WAIVER OF FUTURE SERVICE CHARGES.

IN THE EVENT THAT NATIONAL AUTOBODY PARTS WHSE, INC. COMMENCES LITIGATION, EMPLOYS ATTORNEYS, AND/OR COLLECTION AGENCIES IN ORDER TO SECURE PAYMENT OF ANY SUMS DUE FROM APPLICANT, THE APPLICANT AGREES TO PAY SUCH COLLECTION AND/OR ATTORNEY FEES, AND ANY COURT COSTS IN ADDITION TO ALL OTHER SUMS DUE.

THE UNDERSIGNED WARRANTS THAT THE ABOVE HAS BEEN CAREFULLY READ AND THAT THE APPLICANT UNDERSTANDS THE SAME.

APPLICANT AUTHORIZES NATIONAL AUTOBODY PARTS WHSE, INC., TO OBTAIN CREDIT AND/OR FINANCIAL INFORMATION CONCERNING THE APPLICANT AT ANY TIME AND FROM ANY SOURCE.

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUTHFUL AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNED: _____ DATE: _____ / _____ / _____

PRINTED NAME: _____ SSN#: _____ / _____ / _____

TITLE: _____ AMOUNT OF CREDIT REQUESTED: \$ _____